



photos by Eva Maldonado, 233d BSB Public Affairs Specialist

## LAST WIC OVERSEAS OFFICE OPENS!

The opening of the Darmstadt WIC Office in December marks the culmination of more than 20 years of work to bring WIC services to overseas locations. Here, Andres Chavis-Newell, age 4, cuts the Grand Opening ribbon assisted by his mother Stephanie at the WIC Office Grand Opening in Darmstadt Dec 20. Andres is the son of Sgt Matthew and Stephanie Chavis-Newell of Company D, 32nd Signal Battalion, Darmstadt, Germany. The family is enrolled in the WIC program. Worldwide, WIC Overseas now serves over 24,000 service members, civilians, and their family members.

## NEW Contract Secured for Remote Health Care Overseas

**Troy Kitch**

TRICARE Europe Public Affairs & Marketing

TRICARE Management Activity recently announced the award of a multimillion-dollar contract to International SOS Assistance, Inc. of



Trevoze, Pa. to provide health care benefits to active duty members and their families who live in remote locations around the world.

An AEA Company

Service members and families enrolled in TRICARE Europe Prime

Remote and who reside in remote locations of Europe, Africa, and the Middle East will be covered by the contract. Currently, this program is available in select countries in the Central Command area. The new contract will expand this availability to the European theater. Once the program is completely phased in, all of the TRICARE Europe area of responsibility will be covered.

"International SOS will deliver standardized, accessible health care to our beneficiaries in remote areas," said Maj. Wayne White, TRICARE Europe Director of Remote Health Care, "One of the major benefits of the program is that

active duty and family members assigned in countries that do not have a U.S. military treatment facility will enjoy a 'cashless, claimless' benefit when they use providers within the International SOS network."

The contract will provide routine, urgent and emergency medical and dental services for active duty service members. Only routine, urgent and emergency medical services will be provided to family members, as the TRICARE Dental Program provides dental services for these beneficiaries.

The contract will also provide urgent or emergency care for active duty service members who are TDY/TAD, deployed or on leave while deployed or in an authorized leave status in remote overseas locations. Navy deployed forces will be provided care if the Line Navy chooses to exercise this option under the contract.

"While the transition to this new service won't happen overnight, we are excited about the progress that is being made," White said, "Further details about the new program will be provided to affected beneficiaries as the program is phased in."



# TRICARE Europe Beneficiary Feedback

The information in this column features frequently asked questions from beneficiaries and answers provided by the TRICARE Europe Office staff.

**Q:** *Can an unremarried former spouse (of an active duty member) residing in CONUS enroll in TRICARE Prime? Does he/she have to pay an enrollment fee?*

**A:** An unremarried former spouse in CONUS may still be entitled to enroll in TRICARE Prime, but because of the divorce he or she is no longer considered a "legal" dependent. Therefore, the unremarried spouse must pay the same enrollment fees as a retiree or his/her dependent. Eligibility for this benefit is determined by the Defense Enrollment Eligibility Reporting System (DEERS) – you may contact your servicing personnel office to check your eligibility.

**Q:** *I am a reservist who will soon be demobilizing following one year active duty time (my cumulative active duty time is well short of 6 yrs). Are my dependants eligible for transitional health coverage?*

**A:** You may be eligible to use the Transitional Assistance Management Program (TAMP). TAMP establishes full TRICARE eligibility for reservists who served in connection with contingency operations (and their family members), and for service members involuntarily separated from active duty (and their family members). Sponsors and their family members are eligible for continued TRICARE benefits including enrollment/re-enrollment in TRICARE Prime services and MTF care for a defined period of time as indicated through DEERS. However, if the dependents were not eligible for enrollment in Prime (for

example, if the member's orders were not for 179 days or more, or they did not accompany the member in their assignment in foreign country) they are not eligible to enroll in Prime during the TAMP period. It is the member's personnel office who will determine eligibility for this program. You may also use the Continued Health Care Benefit Program (CHCBP), which provides temporary health care coverage at a cost. In depth information regarding CHCBP is provided at the following link: <http://www.tricare.osd.mil/chcbp/default.htm>.

**Q:** *I am currently under orders to report to a remote site. I know my family and I will be covered under TRICARE Prime Remote, but what about my dependent mother?*

**A:** Family member parents and parents-in-law are entitled to direct care in Military Treatment Facilities but are not entitled to TRICARE coverage for civilian care. These beneficiaries remain eligible for care at MTF's on a space-available basis, but that is the extent of their benefit. There is also a pharmaceutical benefit for dependant parents/inlaws under the TRICARE for Life program.

**Q:** *I am going to pay for chiropractic care later this month out of my own pocket. The military will only prescribe pain killers & physical therapy, neither of which takes care of my problems. Is there a way to recoup part or all of my expenses if I see an American chiropractor who practices here in Europe?*

**A:** TRICARE does not cover chiropractic services or associated expenses. However, DoD has implemented a Chiropractic Care Program for Active Duty personnel only. This benefit is currently available at 13 MTFs in the states. For additional information see <http://tricare.osd.mil/chiropractic/>.

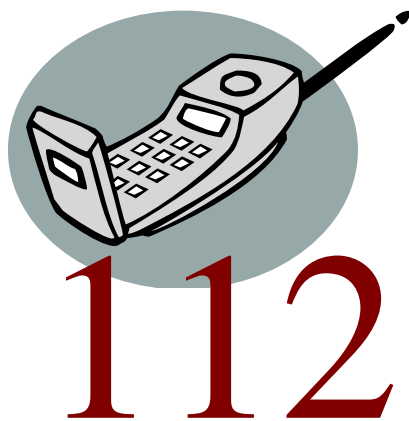
## Emergency Phone Numbers in Europe

When traveling throughout Europe, you can use toll free "112" as an emergency contact number in any country that is a member of the European Union. You can dial this number in case of an accident, assault or in any other distress situation.

The following countries are part of the European Union or using the 112 emergency phone system: Austria, Belgium,

Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Luxembourg, Lichtenstein, Netherlands, Norway, Portugal, Spain, Sweden and United Kingdom.

Normally, you use the language of the country where you are. However, operators are generally able to answer in English. Additional information can be found at: [www.112sos.be/code/en/tout.htm](http://www.112sos.be/code/en/tout.htm).



# Current DEERS Data Critical for Care

## Defense Enrollment Eligibility Reporting System (DEERS)



Maintaining eligibility in DEERS is the key to ensuring access to health care for sponsors and their family members. When DEERS is current, the door to TRICARE benefits is always open.

To receive care at a military treatment facility in Europe or from any host nation care provider, sponsors and family members must be eligible and registered in DEERS. If the sponsor is registered in DEERS but the family is not, or the family has not verified eligibility within the last four years, family members are ineligible for TRICARE health and pharmacy benefits.

Any claims filed with the claims processor for TRICARE Europe for anyone not registered in DEERS may be denied.

Sometimes when sponsors change their status — active to retired, enlisted to officer or active to Reserve — breaks in coverage or “underlaps” in eligibility may occur, creating DEERS eligibility problems for sponsors and family members.

During a status change, eligibility for the sponsor ends under the former status and begins again once the sponsor's new status has been entered into DEERS. Problems may occur any time there is a delay updating the sponsor's new eligibility status in

DEERS.

To eliminate service breaks and periods of ineligibility for TRICARE benefits, sponsors should check their DEERS eligibility status periodically to ensure personal and family members' information is accurate and up-to-date.

Sponsors who keep DEERS up-to-date with current addresses, telephone numbers and the status of all personal events — marriages, divorces, deaths, births, re-enlistments, retirements, etc. — eliminate access problems for themselves and family members.

Keeping DEERS information current helps ensure that any claims filed for the sponsor or family member are processed quickly and accurately.

Keeping DEERS current also ensures that important TRICARE-related health care documents — enrollment cards, brochures, privacy notices, etc. — and, in some cases, prescription medications are delivered to the sponsor and family member at the correct address and on time.

Keeping DEERS information current is the responsibility of

all sponsors. It's also the key for maintaining good health and access to your TRICARE health care benefits.

DEERS information for sponsors and family members may be verified by contacting the nearest uniformed services personnel office. Sponsors and family members may also update their home addresses on the TRICARE web site at [www.tricare.osd.mil/DEERSAddress](http://www.tricare.osd.mil/DEERSAddress).

**"Keeping DEERS information current is the responsibility of all sponsors. It's also the key for maintaining good health and access to your TRICARE health care benefits."**

## TRICARE Plus With Other Health Insurance?

**Shane Pham**

*Medical Service Coordinator*

*TRICARE Europe*

TRICARE Plus is a military treatment facility primary care enrollment program that provides many beneficiaries enrolled in TRICARE Standard in Europe with direct access to MTF care. Availability varies from MTF to MTF, based on the capabilities of a given facility.

There are approximately 10,400 PLUS enrollees in Europe.

All beneficiaries eligible for care in military treatment facilities (except those enrolled in TRICARE Prime, a civilian HMO, or Medicare HMO) may seek enrollment for primary care at military treatment facilities where enrollment capacity exists.

If a member has OHI (Other Health Care) then, in accordance with federal regulations, the OHI must be the first payer. This means that if someone with OHI is enrolled in TRICARE Plus, the MTF must bill the OHI.

For this reason, the government lists beneficiaries with OHI as ineligible for the TRICARE Plus benefit. For those who are eligible, it is important to stress that TRICARE Plus is a military treatment facility primary care access program, not a health plan.

TRICARE Plus does not provide any coverage for civilian provider care. Civilian medical care coverage is provided in accordance with the TRICARE Standard option.



# Program for Persons With Disabilities Available

The Program for Persons with Disabilities (PFPWD) provides additional financial assistance to active duty families with severely disabled children or spouses who require intense, specialized care or equipment.

Program benefits may be granted to beneficiaries with a diagnosis of moderate to severe retardation or serious physical disability.

The program provides for specialized institutional care, training or rehabilitation when the required services are not available from public institutions or agencies such as the Department of Defense Dependand Schools system.

It does not cover homemakers, sitters or companions, home modifications or special education for conditions such as dyslexia or hyperactivity (except in cases when the individual meets the criteria for mental disability).

Under PFPWD, the sponsor pays a minimal initial share of the monthly cost, according to his or her pay grade, and the government pays an amount not to exceed \$1,000 per month.

If more than one person in the family qualifies for the program, TRICARE will pay all allowable costs for the additional disabled family members. Authorization must be obtained in advance for all PFPWD services and all services must be medically necessary. Occupational therapy, speech therapy and physical therapy require a written treatment plan. The authorization must be re-evaluated every six to twelve months to ensure that the specified treatment is

effective and that the client is making progress under the program.

For more information about the Program for Persons With Disabilities (and for help

with interpretation of PFPWD rules and guidelines) contact your local TRICARE Service Center Beneficiary Counseling and Assistance Coordinator. You can also learn more about the PFPWD via the web by visiting

[www.europe.tricare.osd.mil](http://www.europe.tricare.osd.mil). Choose "Fact Sheets" from the A-Z alphabetical drop down menu on TRICARE Europe's home page.



## TRICARE FOR LIFE in Europe

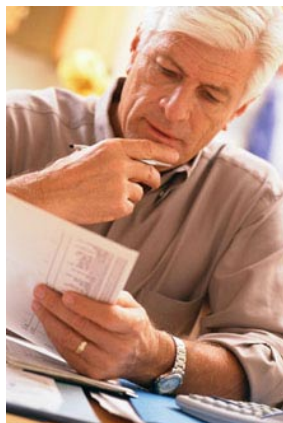
○ Beneficiaries now experience no break in TRICARE coverage when they purchase Medicare Part B upon qualifying for Medicare Part B on their 65th birthday. In the Continental U.S., TRICARE will pay secondary to Medicare, beginning on the 1st day of the month they turn 65. Overseas, TRICARE serves as first payer for covered services, after you pay an annual deductible and cost share. Medicare does not pay for services rendered overseas, but does pay for stateside services.

○ There are no enrollment fees for TRICARE For Life. However, you are required to enroll in Medicare Part B. Medicare Part B has a monthly fee. Please check with the Social Security Administration online

at [www.ssa.gov](http://www.ssa.gov), toll-free at 1-800-772-1213, or visit Medicare online at [www.medicare.gov](http://www.medicare.gov), for more information about enrolling in Medicare Part B and monthly fees that will apply to you. You may also contact your closest U.S. Embassy/Consulate Federal Benefit Unit for assistance.

○ You must be enrolled in Medicare Part B once you turn 65 years old in order for TRICARE to pay for any of your health care costs. For services payable by TRICARE but not Medicare, such as overseas care, TRICARE will pay the same as if you were under age 65. You will be responsible for the TRICARE fiscal year deductible and cost shares as under the TRICARE Standard program.

○ If you receive care from a civilian provider in the U.S., your provider will file claims with Medicare. Medicare will pay its portion, then automatically forward the claim to TRICARE for the remaining amount. TRICARE will send its payment directly to your provider. You will receive an Explanation Of Benefits (EOB) that indicates the amount paid to your provider.



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